

Corporation Name

Certificate Number

**SUPPLEMENT TO
TREASURY FORM 1817 (formerly T-1044)**

YES

NO

Is this project:

Real Property?

☐☐

Personal Property?

☐☐

Both Real and Personal Property? New Facility?

☐☐

Replacement Facility?

☐☐

Both New and Replacement Facility?

☐☐

Estimated Project Investment (not assessed value):

\$ _____ \$ _____ \$ _____
Real Property Personal Property Total

	<u>YES</u>	<u>NO</u>	<u>REMARKS</u>
1. A. Has the proper local authority reviewed the plan?	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. Is the project located in a certified industrial park?	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. Is this a renovation or expansion of an existing building?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Will this project require improvement of your road service?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Will this project require improvement of your sanitary sewer services?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Will this project require improvement of your storm sewer services?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Will this project require improvement of your water services?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Will this project require additional police personnel, police equipment or a need for new police building expansion?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Will this project require the need for additional fire personnel, additional or specialized fire equipment or the need for a new fire building?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Will this project require other costs?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Are costs of infrastructure elements to be provided through Local Development Finance Authority or Tax Increment Finance Authority Bonds?	<input type="checkbox"/>	<input type="checkbox"/>	_____

If you answered yes to any of the questions from 2 through 8, the appropriate sections of form 1817 (formerly T-1044) must be completed and accompany this supplement with your application.

This is to certify that the following has been provided as accurately as possible.

Signature

Name and Title of Governmental Unit Officer or Designee